

FORM FOR FILING A FORMAL COMPLAINT

Please submit any request for a formal complaint to the Dispute Resolution Coordinator, State Department of Education, Division of Special Populations Services, P.O. Box 83720, Boise, ID 83720-0027. The alleged violations may not be older than one year from the date the complaint is received by the SDE. (You may use this form or submit a letter that includes the information below.)

A. General Information: (type or print)

Date: _____

Name of Individual Filing the Complaint: _____

Address: _____

City: _____ Zip: _____ Day Phone: _____ Home Phone: _____

Relationship to Student: _____

Name of District /Agency Complaint Is Against: _____

Student Information:

Student Name: _____

Address: _____

City: _____ Zip: _____

Telephone: _____

District Information:

District Contact: _____

Address: _____

City: _____ Zip: _____

Telephone: _____

School Student Attends: _____

(If complaint involves more than one student, please complete the student and district information for each student.)

In the case of a homeless child or youth, provide available contact information:

B. Allegation(s): Describe the specific issue(s) that relate to potential violations of Part B of the IDEA 2004. Provide supporting facts and information for each allegation. (Attach additional pages if needed.)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

C. Resolution: Please provide your suggestions for solving the problem. (Attach additional pages if needed.)

[illegible]

Signature of Individual Filing Complaint

Title or Relationship to Student

Date _____